

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) FREEDOMWORKS FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00499020	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Freedomworks, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 13 / 2014	
Mailing Address 400 N Capitol St., NW Suite 735		Amount 3133.75	
City Washington	State DC	Zip Code 20001	Transaction ID : SE.32604
Purpose of Expenditure IE-McDaniel-Travel	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 06 / 13 / 2014	
Name of Federal Candidate CHRISTOPHER BRIAN MCDANIEL		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS	
Calendar Year-To-Date Per Election for Office Sought 45680.12		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff	

Full Name of Payee Freedomworks, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 13 / 2014	
Mailing Address 400 N Capitol St., NW Suite 735		Amount 1891.66	
City Washington	State DC	Zip Code 20001	Transaction ID : SE.32605
Purpose of Expenditure IE-McDaniel-Email/Social Media/Printing	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 13 / 2014	
Name of Federal Candidate CHRISTOPHER BRIAN MCDANIEL		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS	
Calendar Year-To-Date Per Election for Office Sought 82850.77		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	5025.41
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

R. Russ Walker

[Electronically Filed]

Date

MM / DD / YYYY
06 / 14 / 2014

Signature

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(Schedule E)

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Full Name of Payee Topple Strategies		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 13 / 2014	
Mailing Address 189 N. Hwy 89 Ste. C 130		Amount 35003.00	
City North Salt Lake	State UT	Zip Code 84054	Transaction ID : SE.32606
Purpose of Expenditure IE-McDaniel-Telemarketing	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 13 / 2014	
Name of Federal Candidate CHRISTOPHER BRIAN MCDANIEL		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: MS	
Calendar Year-To-Date Per Election for Office Sought 80959.11		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff	

Full Name of Payee United Airlines		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 13 / 2014	
Mailing Address		Amount 275.99	
City	State	Zip Code	Transaction ID : SE.32607
Purpose of Expenditure IE-McDaniel-Travel	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 06 / 13 / 2014	
Name of Federal Candidate CHRISTOPHER BRIAN MCDANIEL		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: MS	
Calendar Year-To-Date Per Election for Office Sought 45956.11		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	35278.99
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	40304.40

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

R. Russ Walker

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Date

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